



GORDON WEBB

Circuit Judge, Division 4

Fourteenth Judicial District

Baxter Boone Marion Newton

Polly Leimberg

Certified Court Manager

RaLenn McBee

Certified Court Reporter

P. O. Box 785

Harrison, AR 72602-0785

Phone (870)741-2102

Fax (870)741-1874

Boone County Courthouse

100 North Main Street, Suite 302

Harrison Office

Marion County Courthouse

Old Main Street

Yellville Office

April 13, 2015

Mr. Jim Goldie
Attorney at Law

VIA FAX 870-741-6897

Mr. David Stebbins
123 West Ridge, Apt D
Harrison, AR 72601

RE: Stebbins v Stebbins, Boone CV2012-085-4

Dear Counsel and Mr. Stebbins:

Please be advised that the location of jury trial scheduled for Thursday, April 23, 2015 shall be in the main courtroom of the Smith Henley Federal Building, 402 North Walnut Street, Harrison, Arkansas and will begin at 9:00 a.m.

Most respectfully,

A handwritten signature in black ink, appearing to read "Polly Leimberg".
POLLY LEIMBERG
Certified Court Manager

cc: Stebbins v Stebbins, Boone CV2012-085-4

FILED FOR RECORD
2015 APR 13 PM 1:18
RHONDA WALKINS
BOONE CO. CIRCUIT CLERK
BY DC

Exh. A

DATE: 04/30/15 @ 0716
 USER: LSTERLING

St. Bernards Medical Center ADM *LIVE*
 Discharge Instructions

PAGE 1

St. Bernards Behavior Health 24 hour emergency phone number: 870-932-2800
 Patient Name: STEBBINS, DAVID Room #: 305 Primary Care Physician Name and Phone:
 Date of Birth: 12/29/1988 Account #: SV0131867699
 Admit Date: 04/25/15 Unit: APU Report #: 0000-0000 Discharge Instruction Type: Other
 Att Dr: WEEKS, ELOISE E MD

Reason for Visit: ESOPHAGITIS, HEMATEMESIS

Major Procedures/Surgeries/Tests During Hospitalization With Brief Summary of Results:
 No Major Surgeries

Follow-Up Visits:

Appointment 1 Doctor Name: Health Resources (Chris A) Phone: 866-308-9925 Appointment Date: 5/1/2015
 Follow Up Appointment: Fax: 870-741-474784 Appointment Time: 330pm
 Patient/Caregiver was Instructed to Schedule Appointment 1: No
 Follow Up Appointment Comment 1:
 4081 highway 7 south
 harrison arkansas 72602

Diets:

No Restrictions
 If Patient is Transferred to Another Facility
 Surgeries/Tests/Procs Sent to Facility Along with Patient:

Patient Has Advance Directive / Care Plan? No
 Patient Wants an Advance Directive / Care Plan? Patient Refused
 Activity:
 Resume Normal Activity

Has This Patient had a Stroke or Stroke Risk Factors? No

**Stroke or Other Diagnoses Could Include
 TIA, CVA, Mental Status Change, Subarachnoid
 Hemorrhage, or Carotid Endarterectomy**

Have you Used Tobacco Products in the Past 30 Days? No
 Pt Request Electronic Copy of D/C Inst. via eMail, Fax, or CD? No
 Was the Electronic D/C Inst. Given to Pt via eMail, Fax or CD? No

Discharge Diagnosis:

Major Depressive disorder, recurrent, severe, aspergers syndrome
 Type of Discharge:
 Routine

Status on Discharge:

Oriented
 Alert
 Cooperative

Daily Care:

Self

Did Patient Have a VTE Diagnosis on Warfarin Therapy? No

Approximate Date of Any Pneumococcal Vaccination?
 none

Eligible for Pneumovax 0.5 Milliliters IM at Discharge? Patient Declines Vac

Patient was Discharged on 2 Antipsychotic Medications? No

Follow up Recommendations to Patient Included: Follow up as Noted Above

Discharge Global Assessment of Function (GAF): 59

Behavioral D/C Summary and Med Rec Faxed to Providers Listed: Yes

Discharge Weight:

236.335 lbs. 0.

Other Instructions Given:

Pending Radiology (CT, X-Ray) or Tissue/Biopsy Studies
 No Rad Test Pending

Exh. B